

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96534

1. Entity Name

CSMC, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90019 040 \*\*\*150.00

Principal Place of Business

4498 S. VINELAND ROAD  
ORLANDO FL 32811  
US

Mailing Address

4498 S. VINELAND ROAD  
ORLANDO FL 32811-7334  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2213865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADLEY R CHASE  
4498 S. VINELAND ROAD  
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Kenneth A. Stoecker

Street Address (P.O. Box Number is Not Acceptable)

4498 S. Vineland Road

City

Orlando

FL

Zip Code  
32811

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Bradley R. Chase

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/00

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SCHELL, ARTHUR**  
STREET ADDRESS **2850 SCHERER, STE 500**  
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **PD** ☒ Delete  
NAME **CHASE, BRADLEY R**  
STREET ADDRESS **120 N SPRING LAKE DR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☒ Delete  
NAME **MESSER, CARL**  
STREET ADDRESS **2131 PONTIAC RD**  
CITY-ST-ZIP **AUBURN HILLS MI 48326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Frances Schell**  
STREET ADDRESS **730 Pinellas Bayway**  
CITY-ST-ZIP **Tierra Verde, FL 33715**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Kenneth A. Stoecker**  
STREET ADDRESS **344 Madeira Circle**  
CITY-ST-ZIP **Tierra Verde, FL 33715**

TITLE **D** ☐ Change ☒ Addition  
NAME **Donald M. Snyder**  
STREET ADDRESS **2852 Wesleyan Dr.**  
CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth A. Stoecker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/2000 407-246-1567

CR2E034 19/991